

# Automatic Payment Change Form

To Whom It May Concern:

Please stop making withdrawals from this account and begin making withdrawals into my new Sharonview Federal Credit Union account on the effective date referenced below.

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Payee/Company/Biller Name \_\_\_\_\_

Your acct. # at company \_\_\_\_\_

Previous Financial Institution Name: \_\_\_\_\_

Address \_\_\_\_\_

Acct. # \_\_\_\_\_

Payment: \$ \_\_\_\_\_  Fixed Amount  Variable Amount

Payment Change Effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**New financial institution:**

**Sharonview Federal Credit Union**

**P.O. Box 2070**

**Fort Mill, SC 29716**

Via ACH – Sharonview Routing #: 253075303. Sharonview account # \_\_\_\_\_

**OR**

Via Debit Card - My Sharonview Debit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

I authorize this change in automatic payment. This authorization will remain effective until I provide written notice of change or cancellation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone (     ) \_\_\_\_\_